

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANTS

107069893

*Booker*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
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TOTAL IND.		1		1		
TOTAL DER.		10		1		
TOTAL CLAIMS		11		2		

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	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS